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PETERSFIELD RURAL DISTRICT COUNCIL.



# ANNUAL REPORT

of the



MEDICAL OFFICER OF HEALTH

and

CHIEF PUBLIC HEALTH INSPECTOR

for the year

1 9 5 6.

# PETERSFIELD RURAL DISTRICT COUNCIL.

## A N N U A L  R E P O R T

of the

## MEDICAL OFFICER OF HEALTH

and

## CHIEF PUBLIC HEALTH INSPECTOR

for the year

## 1 9 5 6.

# C O N T E N T S.

# THE RURAL DISTRICT COUNCIL OF PETERSFIELD.

## Chairman of the Council:

Mr. W.A. Coyte, J.P.,

## Vice-Chairman of the Council:

Mr. I. Fry.

## Chairman of the Public Health Committee.

Mr. J.S.G. Crosland.

## Members of the Council:

Mr. W.A. Allam.
Mr. A.J. Allee.
Mrs. T.H. Barnsley.
Lady Doris Blacker, J.P.
Mr. W.H. Blake.
Mr. G.P. Brutton.
Sir Hugh Cocke.
Mr. H. Newman Collard.
Mr. W.A. Collins.
Capt A.F. Coryton, J.P.
Lt. E. Cove, R.N.,(Retd).
Mr. W.A. Coyte, J.P.
Mr. J.S.G. Crosland.
Mr. I. Fry.
Mr. H. Heath.
Mr. J. Heath.
Lady Jaffray.
Capt. C.N. Lentaigne, R.N.,
Mr. A.H. Moore.
Admiral A.J.L. Murray, C.B., D.S.O., O.B.E.
Mr. W.P. Ness.
Mr. C.A.T. Olding.
Mr. H.H.C. Oram.
Admiral E.G. Robinson, V.C., O.B.E.
Mr. S.B. Selmes.
Mrs. E.B.D. Shove.
Mrs. M.E. Smith.
Miss W. Stubington.
Mr. H.C. Swayne.
Mr. M.J. Tosdevine.
Rear Admiral E.L. Tottenham, C.B., O.B.E.

## Members of Health Department Staff.

### Medical Officer of Health:

S. Chalmers Parry, M.A.Cantab., M.R.C.S., L.R.C.P., D.P.H.

### Chief Public Health Inspector:

A. Swan, A.R.S.H., M.A.P.H.I.

### Additional Public Health Inspector:

L.R. Devenish, Cert.S.I.B., M.A.P.H.I.

### Assistant Public Health Inspector:

C.C.H. Guy, Cert.S.I.B.

### Clerks:

V.W.H. Denman.
Miss C.J. Wedge.

# RURAL DISTRICT COUNCIL OF PETERSFIELD.

The Old College,
Petersfield.

To the Chairman and Members
of the Petersfield Rural District Council.

I have the honour to present the Annual Report for the year ending 31st December, 1956 on the health and sanitary conditions of the Rural District of Petersfield. It is drafted in accordance with the requirements of the Ministry of Health.

Although there were some cases of infectious disease, it did not occur in epidemic form. In the spring, there was a small outbreak of food poisoning restricted to a school.

No case of diphtheria has been notified for the past nine years. During the year, in the whole of England and Wales, there were 63 cases of diphtheria and only 8 deaths occurred. This is the lowest figure ever recorded. Parents are again reminded that children should be immunised before their first birthday and should receive their first supplementary injection, preferably, just before school age.

The Food Hygiene Regulations came into force during the year; it is too early to say whether there has been any general reduction in food poisoning as a result.

I should like to take this opportunity of thanking you all for your support and encouragement; and I am grateful to the officers of other departments for their willing help and co-operation.

I also wish to record my appreciation of the efficient and conscientious work carried out by Mr. Swan and the members of the Staff.

S. CHALMERS PARRY.
Medical Officer of Health.
Petersfield Rural District Council.

## L E G I S L A T I O N.

During the year, the following legislation affecting the Public Health Department was enacted:-

1. Clean Air Act, 1956.

Certain provisions of this Act came into force on the 31st December, 1956.

The Act gives local authorities new powers and duties in dealing with the prevention of air pollution.

The provisions of the Act brought into force deal with the installation of new furnaces, the height of chimneys, smoke control areas, pollution from colliery spoil banks and the making of byelaws dealing with domestic fire-places, more especially in smoke control areas.

Every local authority can declare a smoke control area in which only certain approved types of fuel may be used, and domestic grates must be adapted for the use of these fuels.

2. Smoke Control Area (Authorised Fuels) Regulations, 1956.

These regulations specify the approved fuels which may be used in a "smoke control area".

3. Food and Drugs Act, 1955.

This consolidating Act came into force on the 1st January, 1956.

4. The Food Hygiene Regulations, 1955.

Made under the above Act, came into force partly on 1st January and the remainder on 1st July, 1956. The regulations coming into force on the 1st July were mainly those which required additions or alterations to premises.

5. Agriculture (Safety, Health and Welfare Provisions) Act, 1956.

This Act came into force on the 5th July, 1956. It provides regulations for protecting workers employed in agriculture against risks of bodily injury, or injury to health arising out of their work.

6. Sanitary Inspectors (Change of Designation) Act, 1956.

An Act to abolish the name "Sanitary Inspector" and substitute "Public Health Inspector" in its place.

## STATISTICS OF THE AREA.

| | |
|---|---|
| Area .. .. .. .. .. .. .. .. .. .. .. .. .. | 54,497 acres. |
| Rateable Value (1956/57) .. .. .. .. .. .. .. .. | £206,483. |
| Sum represented by a penny rate (1956/57) . .. .. .. | £810. |
| Approximate number of inhabited houses .. .. .. .. | 6328. |
| "Home" Population (based on Registrar General's final figures from Census) Mid 1956 .. .. .. .. .. | 21,870. |

## NATURAL AND SOCIAL CONDITIONS OF THE AREA.

The district surrounds a pleasant market town in the extreme east of Hampshire. It has a common boundary with Surrey and Sussex extending from Bramshott Chase in the north to Twostone Bottom on the Emsworth Common road in the south, a total of over twenty-four miles.

The area comprises thirteen parishes, five of which are partly provided with main drainage.

There are three parishes with a population of over 3,000 and their villages form the main centres of population.

The whole district is well known as a residential resort, not only for its fine scenery, but also for the hamlets and villages which have retained their character through the years.

The South Downs form a natural division between the north and the south, but travel is not unduly restricted on this account as both the main London-Portsmouth road and rail services link Petersfield with the coastal area.

Agriculture is the main industry and in some parishes forms the only interest. With farming can be associated fruit growing and hop growing. The seasonal harvesting of crops calls for a concentrated labour force and this is provided to a large extent by people who follow a gipsy way of life and by town dwellers who look upon it as a profitable holiday.

Employment is provided chiefly by way of building and allied trades, transport work, shop keeping, clerical work and by professional and personal services. There are also a few small factories and the tendency is towards a slight increase in the numbers employed in light industry. Many of the residents in the south of the district work at Portsmouth, the chief source of employment being naval establishments, and a service stores depot in Liphook absorbs a considerable proportion of the labour force over a wide area.

# VITAL STATISTICS.

## Births.

| | 1956. | | | 1955. | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Live Births (Legitimate) | 144 | 152 | 296 | 134 | 136 | 270 |
| (Illegitimate) | 11 | 8 | 19 | 10 | 9 | 19 |
| Total Live Births | | | 315 | | | 289 |

Live Birth rate per 1,000 of the estimated population was 14.4 compared with 15.7 for the whole of England and Wales.

| | 1956. | | | 1955. | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Still Births (Legitimate) | 2 | 5 | 7 | 3 | 4 | 7 |
| (Illegitimate) | - | 1 | 1 | - | - | - |
| Total Still Births | | | 8 | | | 7 |

Still Birth rate per 1,000 total (live and still) births was 25.3 compared with 23.0 for the whole of England and Wales.

## Deaths.

| | 1956. | | | 1955. | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| From all causes | 124 | 92 | 216 | 121 | 110 | 231 |

Death rate per 1,000 estimated population was 9.8 compared with 11.7 for the whole of England and Wales.

## Maternal Mortality.

Pregnancy, childbirth, abortion .. .. .. .. .. .. .. .. NIL

## Infant Mortality (deaths under one year).

| | 1956. | | | 1955. | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Legitimate .. .. .. .. | 5 | 2 | 7 | 7 | 4 | 11 |
| Illegitimate . .. .. .. | - | - | - | - | - | - |
| Total Infant Deaths | | | 7 | | | 11 |

Infant Mortality Rate.

The number of deaths of infants under the age of one year per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the district is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it is then considered reasonably reliable and one of the best indices of the social circumstances of the district.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five year period:-

| Infant Mortality Rates (per 1,000 Live Births). | | |
|---|---|---|
| Year. | Petersfield Rural District. | England & Wales |
| 1940. | 45.6 | 53.6 |
| 1941. | 39.6 | 52.8 |
| 1942. | 42.5 | 52.0 |
| 1943. | 43.6 | 50.0 |
| 1944. | 43.7 | 46.0 |
| 1945. | 43.5 | 45.0 |
| 1946. | 40.0 | 42.0 |
| 1947. | 31.1 | 39.2 |
| 1948. | 27.5 | 35.9 |
| 1949. | 27.8 | 33.3 |
| 1950. | 22.6 | 30.6 |
| 1951. | 23.8 | 29.1 |
| 1952. | 24.9 | 27.8 |
| 1953. | 28.5 | 26.8 |
| 1954. | 26.7 | 25.7 |

The infant mortality rate for the year under review was 22.2 compared with 23.8 for England and Wales.

Causes of Death.

| | Male | Female | Total |
|---|---|---|---|
| 1. Tuberculosis of Respiratory System. | 4 | - | 4 |
| 2. Other forms of Tuberculosis. | - | - | - |
| 3. Syphilis. | 1 | 1 | 2 |
| 4. Diphtheria. | - | - | - |
| 5. Whooping Cough. | - | - | - |
| 6. Meningococcal Infections. | - | - | - |
| 7. Acute Poliomyelitis. | - | - | - |
| 8. Measles. | 1 | - | 1 |
| 9. Other Infective and Parasitic Diseases. | - | - | - |
| 10. Malignant Neoplasm, Stomach. | 7 | 1 | 8 |
| 11. " " Lung, Bronchus. | 6 | 1 | 7 |
| 12. " " Breast. | - | 4 | 4 |
| 13. " " Uterus. | - | 2 | 2 |
| 14. Other Malignant & Lymphatic Neoplasms. | 7 | 8 | 15 |
| 15. Leukaemia, Aleukaemia. | - | 1 | 1 |
| 16. Diabetes. | 1 | 2 | 3 |
| 17. Vascular Lesions of Nervous System. | 12 | 12 | 24 |
| 18. Coronary Disease, Angina. | 17 | 12 | 29 |
| 19. Hypertension with Heart Disease. | 4 | 3 | 7 |
| 20. Other Heart Disease. | 17 | 15 | 32 |
| 21. Other Circulatory Disease. | 3 | 5 | 8 |
| 22. Influenza. | 2 | - | 2 |
| 23. Pneumonia. | 2 | 3 | 5 |
| 24. Bronchitis. | 3 | 3 | 6 |
| 25. Other Diseases of Respiratory System. | 2 | - | 2 |
| 26. Ulcer of Stomach and Duodenum. | 1 | 1 | 2 |
| 27. Gastritis, Enteritis and Diarrhoea. | - | - | - |
| 28. Nephritis and Nephrosis. | 2 | 1 | 3 |
| 29. Hyperplasia of Prostate. | 1 | - | 1 |
| 30. Pregnancy, Childbirth, Abortion. | - | - | - |
| 31. Congenital Malformations. | 2 | 1 | 3 |
| 32. Other Defined and Ill-defined Diseases. | 16 | 10 | 26 |
| 33. Motor Vehicle Accidents. | 4 | - | 4 |
| 34. All other Accidents. | 3 | 2 | 5 |
| 35. Suicide. | 6 | 4 | 10 |
| 36. Homicide and Operations of War. | - | - | - |
| | 124 | 92 | 216 |

## GENERAL PROVISION OF HEALTH SERVICES

## FOR THE AREA.

### Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester, (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. H.T. Findlay, Director of the Public Health Laboratory.

Some specimens in connection with cases of Infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74531).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester, or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples for chemical analysis are sent to the City Analyst, Portsmouth (Telephone, Portsmouth 5482).

The Public Analyst for the area is Mr. A.P. Davson, Public Health Laboratory, Public Health Centre, Grange Road, Bermondsey, S.E.1.

### Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

The use of the Hospital Car Service may also be obtained through the Ambulance Officer (Telephone, Fareham 3626).

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service by arrangements made through the Bed Admissions Office (Telephone, Winchester 2261).

Nursing and Health Visiting in the homes and clinics.

The names of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:-

| Names and Addresses of Nurses. | District served. | Names of Health Visitors. |
|---|---|---|
| Miss M. Saville, S.R.N., S.C.M., (Queen's Nurse), R.S.H. Certificate, Nurse's Cottage, Headley Road, Liphook. (Tele: Liphook 3179). | Bramshott.<br>Liphook.<br>Conford.<br>Passfield.<br>Hammer. | |
| Miss K. Bagley, S.R.N.,S.C.M., (Queen's Nurse), Moss Cottage, Western Road, Liss. (Tele: Liss 3139). | Greatham.<br>Liss.<br>Empshott. | Miss V. Gawthorpe, S.R.N., S.C.M., R.S.H. Certificate. |
| Mrs. J.M. Beaton, S.R.N., S.C.M., (Queen's Nurse), 1 Privett Road, High Cross, Froxfield. (Tele: Hawkley 43). | Colemore.<br>Priorsdean.<br>Privett.<br>Hawkley.<br>Oakshott. | |
| | Froxfield. | |
| Miss E.F. Moore, S.C.M., 16 Glenthorne Meadow, East Meon. (Tele: East Meon 63). | East Meon. | |
| Miss E.M. Belshaw, S.R.N.,S.C.M., c/o Mrs. Millward, Woodview, Mill Lane, Steep. (Tele: Petersfield 756). | Langrish.<br>Stroud.<br>Steep.<br>Sheet.<br>N. Petersfield. | Miss E.J. Read, S.R.N., S.C.M., R.S.H. Certificate. |
| Mrs. M.C. Lapper, S.R.N., S.C.M., (Queen's Nurse), 22 Queen's Road, Petersfield. (Tele: Petersfield 628). | Ramsdean.<br>S. Petersfield.<br>Buriton. | |
| =Mrs. J.E. Edge, S.R.N., S.C.M., (Queen's Nurse), 2 Nelson Crescent, Horndean. (Tele: Horndean 2276). | Horndean.<br>Lovedean.<br>Blendworth.<br>Catherington. | Mrs. M. Fitzgerald, S.R.N., S.C.M., R.S.H. Certificate. |
| /Mrs. E. Wiggett, S.R.N., (Queen's Nurse), 2 Pampas Cottages, South Lane, Clanfield. (Tele: Horndean 2219). | Clanfield.<br>Hogs Lodge. | Miss B.G.Osborn, S.R.N. S.C.M.,R.S.H.Certificate, Orthopaedic Nursing Certificate. |
| Mrs. J.E. Edge, S.R.N., S.C.M., (Queen's Nurse), 2 Nelson Crescent, Horndean. (Tele: Horndean 2276). | Chalton.<br>Rowlands Castle.<br>Redhill.<br>Idsworth.<br>Finchdean. | Miss E.M° Wheeler, S.R.N., S.C.M., R.S.H. Certificate. |

= Midwifery only.  / General Nursing only.

Home Help Service.

The office of Mrs. Drake, the assistant organiser of the Home Help Service is situated at the rear of the Town Hall, Petersfield, (Telephone, Petersfield 771, extension 18). The office is open Monday to Saturday, 9 a.m. to 1 p.m., and applications for Home Help should be made direct to Mrs. Drake.

Clinics.

The following Clinics are held at the County Council Health Centre, Love Lane, Petersfield:-

| | |
|---|---|
| * Ophthalmic Clinic | By appointment. |
| * Orthopaedic Remedial Clinic | 1st Tuesday mornings and other Tuesday afternoons by appointment. |
| Child Welfare Centre | Wednesday mornings and afternoons. |
| School Clinic | By appointment. |
| Dental Clinic | 2nd and 4th Saturday mornings for emergency treatment only. |
| Speech Therapy Clinic | Tuesday afternoons by appointment. |

Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age:-

| Centre | Hall | Afternoons |
|---|---|---|
| Clanfield | Memorial Hall. | 1st Friday |
| East Meon | Institute Hut. | 1st and 3rd Thursdays |
| Froxfield | King George V Memorial Hall. | 2nd Tuesday. |
| Horndean | Nash Memorial Hall. | 2nd and 4th Tuesdays. |
| Liphook | Church Room. | 1st and 3rd Tuesdays. |
| Liss | Village Hall. | 2nd and 4th Fridays. |
| Rowlands Castle | Parish Hall. | 3rd Friday. |
| Superior Camp | Social Club Hall. | 3rd Friday. |

The following eight centres, situated in adjoining districts, are available for children living near the boundaries of the district:-

| Centre | Hall | Afternoons |
|---|---|---|
| Alton | Assembly Rooms. | Every Tuesday. |
| Bedhampton | St. Thomas' Church Hall, Belmont Park. | 1st and 3rd Tuesdays. |
| Grayshott | Village Hall. | 1st Friday. |
| Havant | County Council Health Centre, 4 Park Way. | 2nd and 4th Tuesdays. |
| Headley | Village Hall. | 2nd and 4th Fridays. |
| Petersfield | Health Centre, Love Lane. | Every Wednesday. (morning and afternoon. |
| Stockheath | St. Francis Church Hall, Riders Lane, Leigh Park. | Every Friday. |
| Waterlooville | St. George's Hall. | 2nd and 4th Thursdays. |

The work of the voluntary helpers, who assist the medical staff at the Welfare Centres is greatly appreciated.

Ante-natal Clinics.

The following Ante-natal Clinics are held in the district:-

| Centre | Hall | Day of month when held at 2.0 p.m. |
|---|---|---|
| Liss | British Legion Hall. | 1st Thursday and 3rd Wednesday. |
| Liphook | Church Room, Portsmouth Road. | 1st Friday. |

The following Ante-natal Clinics, situated in adjoining districts are also available:-

| Centre | Hall | Day of month when held at 2.0 p.m. |
|---|---|---|
| Alton | General Hospital, Anstey Road. | 1st, 2nd, 3rd and 4th Thursdays. |
| Havant | County Council Health Centre, 4 Park Way. | 1st, 3rd and 4th Mondays. |

## Tuberculosis Clinics.

Queen Alexandra Hospital, Cosham, (Telephone, Cosham 79451, Ext. 114).

Wednesday. 9.45 a.m. Old patients by appointment.
2.0 p.m. New patients.

Thursday. 9.45 a.m. Old patients by appointment.
2.0 p.m. Refills.

One evening session on first Thursday in the month by appointment.

Dr. J.P. Sharp, the Chest Physician, is in attendance.

Royal Hants County Hospital, Winchester.

Thursday. 1.30 p.m. Refills.

Dr. H.S. Fraser, the Chest Physician, is in attendance.

Health Department, The Castle, Winchester.

Wednesday. 10.0 a.m. Old patients.
2.30 p.m. New patients.

Thursday. 9.30 a.m. Patients by appointment.

Northfield Hospital, Redan Road, Aldershot.

Tuesday. 11.15 a.m. New patients.

## Venereal Diseases.

Treatment is available at the following hospitals:-

Guildford - Royal Surrey County Hospital.

Males : 5.0 p.m. to 7.0 p.m., Tuesdays and Fridays.

Females : 2.0 p.m. to 7.0 p.m., Mondays.
9.30 a.m. to 11.0 a.m., Thursdays.

Portsmouth - St. Mary's Hospital.

Males : 10.0 a.m. to 12.0 noon., 5.0 p.m. to 7.0 p.m., Tuesdays and Thursdays.

Females : 5.0 p.m. to 7.0 p.m., Mondays.
2.0 p.m. to 4.0 p.m., Wednesdays.
10.0 a.m. to 12.0 noon., Fridays.

Winchester - Royal Hants County Hospital.

Males : 10.0 a.m., Saturdays.

Females : 2.0 p.m., Tuesdays.

## SCHOOL HEALTH SERVICES.

### Orthopaedic Clinics.

Orthopaedic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics:-

**Alton.** Surgeon's Clinic held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months at 10 a.m., and on Fridays at 2.0 p.m. by appointment.

Remedial Clinic held at Lord Mayor Treloar Hospital every Thursday all day.

**Havant.** Surgeon's Clinic, held at County Council Health Centre, on fourth Tuesdays, even months, at 10 a.m.

Minor Clinic, held at County Council Health Centre, on second Wednesday of each month, at 10 a.m.

Remedial Clinic, held at County Council Health Centre, every Wednesday at 10 a.m. and 1.30 p.m.

**Petersfield.** Remedial Clinic, held at County Council Health Centre, Love Lane, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.

### Ophthalmic Clinics.

Ophthalmic Clinics are held for school and pre-school children at the following places; attendance by appointment through the County Medical Officer:-

**Havant.** Held at County Council Health Centre, Park Way.

**Petersfield.** Held at County Council Health Centre, Love Lane.

### Orthoptic Clinic.

Cases selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

### Ear, Nose and Throat Clinics.

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital and treatment is carried out either at that Hospital or at Petersfield Hospital.

In the northern part of the area, cases are examined and treatment carried out at the Haslemere Hospital or Guildford Hospital.

### School Clinic.

This is held at the County Council Health Centre, Love Lane, Petersfield by appointment.

### Speech Therapy Clinics.

Cases attend at the County Council Health Centre, Love Lane, Petersfield, on Thursdays at 1.30 p.m. by appointment through the County Medical Officer.

Clinics are also held at the County Council Health Centres at Park Way, Havant, and Trafalgar Street, Winchester, by appointment through the County Medical Officer.

Child Guidance Clinic.

Cases are seen by appointment through the County Medical Officer, at the County Council Health Centre, Love Lane, Petersfield.

Verminous Cleansing Clinic.

Arrangements can be made for the treatment of special cases, by appointment, at the County Council Health Centre, Love Lane, Petersfield.

Dental Clinics.

These are held at the County Council Health Centres at Petersfield and Havant, and at schools and other premises as and when required. A Dental Clinic Trailer is available for use in the area.

Family Planning Association Clinics.

The following Clinics, which are run on a voluntary basis, give advice on family planning as this is not a service available under the National Health Service.

A lady Doctor and Sister are in attendance:-

| ADDRESS | DAY | TIME |
|---|---|---|
| COSHAM.<br>Child Welfare Centre,<br>Northern Road. | Wednesdays. | 1.0 - 3.30 p.m. |
| GUILDFORD.<br>St. Luke's Hospital,<br>Warren Road. | Fridays. | 6.0 - 7.30 p.m.<br>(by appointment only) |
| | Enquiries to Hon. Secretary, Mrs. Farmer, 27 Harvey Road, Guildford. (Telephone: Guildford 4235). | |
| MIDHURST.<br>Welfare Hall,<br>Petersfield Road. | 1st and 3rd Thursdays | 2.30 - 4.0 p.m. |
| PORTSMOUTH.<br>Trafalgar Place,<br>Clive Road, Fratton. | Tuesdays. | 1.0 - 3.30 p.m. |
| | Fridays. | 7.0 - 9.0 p.m. |
| WINCHESTER.<br>The Hut (adjoining Trafalgar House),<br>Trafalgar Street. | 2nd and 4th Tuesdays. | 2.0 - 3.0 p.m. |

Any further information can be obtained from the County Medical Officer.

It is desirable that the woman should, at her first attendance, take to the Clinic a letter from her own doctor.

* These services are the responsibility of the Regional Hospital Board.

# HOSPITALS.

## General.

There are six General Hospitals available for the admission of patients from the district:-

HASLEMERE AND DISTRICT HOSPITAL.

(Telephone, Haslemere 894).

PETERSFIELD GENERAL HOSPITAL.

The Petersfield hospital (Telephone, Petersfield 19) has twenty-eight beds available for medical and surgical cases.

It is administered by the Portsmouth Group Hospital Management Committee.

ROYAL SURREY COUNTY HOSPITAL.

(Telephone, Guildford 2323).

ST. MARY'S HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 74531).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.

(Telephone, Portsmouth 2103).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.

(Telephone, Winchester 5151).

## Heathside Hospital, Petersfield.

This Institution is controlled by the Portsmouth Group Hospital Management Committee and is available for chronic sick patients.

## Maternity Cases.

The Grange Nursing Home, Liss, and Northlands Maternity Home, Emsworth, are available for maternity cases.

Few applications are made to the Group Maternity Clerk working at St. Mary's Hospital, Portsmouth; the great majority continue to be made to the County Medical Officer who arranges for a home visit by the District Nurse.

## Infectious Diseases.

There is no infectious diseases hospital in the district.

Any infectious diseases hospital is now available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road, Portsmouth (Telephone, Portsmouth 74531) which is under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton (Tele:Alton 2238).

## Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

## Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital. The Bed Admissions Office, (Telephone: Winchester 2261) deals with the admission of these patients.

## PREVALANCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifiable Diseases.

Particulars of cases of Infectious Diseases which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

| Diseases | Total cases notified. | Rate per 1,000 of the Estimated Population. | |
|---|---|---|---|
| | | Petersfield R.D. | England and Wales. |
| Scarlet Fever | 16 | 0.72 | 0.74 |
| Measles | 140 | 6.40 | 3.59 |
| Whooping Cough | 4 | 0.18 | 2.06 |
| Erysipelas | 1 | 0.04 | 0.09 |
| Food Poisoning | 41 | 1.87 | 0.25 |
| Poliomyelitis (Non paralytic) | 1 | 0.04 | 0.03 |

An analysis of the total notified cases according to age groups is given below:-

| Age Group | Scarlet Fever | Measles. | Whooping Cough. | Puerperal Pyrexia. | Erysipelas. | Food Poisoning. | Poliomyelitis (N.P.) |
|---|---|---|---|---|---|---|---|
| Under 1 year | - | 1 | - | - | - | - | - |
| 1 - 2 years | - | 14 | - | - | - | - | - |
| 2 - 3 years | 1 | 11 | 1 | - | - | - | 1 |
| 3 - 4 years | 1 | 9 | 1 | - | - | - | - |
| 4 - 5 years | 3 | 12 | 1 | - | - | - | - |
| 5 - 10 years | 11 | 74 | 1 | - | - | 7 | - |
| 10 - 15 years | - | 12 | - | - | - | 27 | - |
| 15 - 20 years | - | 4 | - | - | - | 1 | - |
| 20 - 35 years | - | 2 | - | 2 | - | 4 | - |
| 35 - 45 years | - | - | - | - | - | - | - |
| 45 - 65 years | - | - | - | - | 1 | 2 | - |
| Over 65 years | - | 1 | - | - | - | - | - |

The following table shows the number of cases of Infectious Disease notified during the year and the parishes in which they occurred:-

| Parish | Scarlet Fever. | Measles. | Whooping Cough. | Puerperal Pyrexia. | Erysipelas. | Food Poisoning. | Poliomyelitis (N.P.) |
|---|---|---|---|---|---|---|---|
| Bramshott | - | 4 | 2 | - | - | 41 | - |
| Buriton | - | 2 | - | - | - | - | - |
| Clanfield | 6 | 31 | - | - | - | - | - |
| Colemore & Priorsdean | - | - | - | - | - | - | - |
| East Meon | - | 4 | - | - | - | - | - |
| Froxfield | - | 3 | - | - | - | - | 1 |
| Greatham | 5 | - | - | - | - | - | - |
| Hawkley | - | - | - | - | - | - | - |
| Horndean | 4 | 27 | - | - | 1 | - | - |
| Langrish | - | 15 | - | - | - | - | - |
| Liss | 1 | 38 | 1 | 2 | - | - | - |
| Rowlands Castle | - | - | - | - | - | - | - |
| Steep | - | 16 | 1 | - | - | - | - |
| TOTALS | 16 | 140 | 4 | 2 | 1 | 41 | 1 |

Analysis of Scarlet Fever cases according to Parish:-

| Parish | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clanfield | - | - | - | - | 1 | - | - | - | 1 | 2 | 2 | - |
| Greatham | - | - | - | - | - | 1 | 1 | 1 | 1 | 1 | - | - |
| Horndean | - | - | - | - | 1 | 1 | - | - | - | 1 | 1 | - |
| Liss | - | - | - | - | - | 1 | - | - | - | - | - | - |
| TOTALS | - | - | - | - | 2 | 3 | 1 | 1 | 2 | 4 | 3 | - |

Food poisoning epidemic.

A limited outbreak of food poisoning commenced at a school on the 21st March, 1956. Twenty-six pupils suffered from severe vomiting and some complained also of diarrhoea.

On enquiry, the cook gave a recent history of a similar attack, but the organism was not obtained from her.

The majority of cases occurred in the form of an explosive attack on the day the suspected food was eaten.

There was a total of 41 cases which included five members of the staff.

The organism was isolated from one of the cases and from three food handlers as well as from some cold meat; but, on investigation, the types were not related to one another. The carrier was not identified.

# FOOD HYGIENE.

National and international crises have indeed left their mark on the eating habits of the people of this country; for family meals have, in part, been replaced by food prepared in the mass and eaten in restaurants and canteens.

This communal way of feeding, which was forced upon many folk during the war years, has surely come to stay; furthermore, the higher cost of fresh meat has influenced the purchase of made-up meats and the use of scraps previously refused. All these changes have, no doubt, contributed to an increase in food poisoning due to the infection of pre-cooked food.

So it should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteens.

Any food handler should report to his employer if he is suffering from any of the following conditions:-

(1) Diarrhoea or vomiting.
(2) Septic cuts or sores, boils or whitlows.
(3) Discharges from the ear, eye or nose.
(4) Any feverish illness.

Customers have now become more clean food minded; and, if any uncleanliness is observed in food premises, they often complain to the management.

The hygiene standard of such shops and restaurants therefore lies to some extent in their hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; whereas a low hygienic standard will obviously have the reverse effect.

This new look in food hygiene is a good thing, as it is of course all in the interest of the general public to encourage safer practices.

The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous; and, once contaminated the hands will leave bacteria behind on everything they touch. "No touch" technique should be practised by all food handlers.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough to safely handle food of this nature.

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared. But they act as ideal breeding grounds for any dangerous germs that gain access; and, if kept at warm temperatures, the germs will multiply very rapidly.

Made up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms, (i.e. the Salmonellae) are killed by heating, but the fact that they occur in a product, which is going to be heat-treated, is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

Food Hygiene (continued).

There is, however, another type of germ hat is not killed by heat and does not even require the presence of air for it to produce its toxins if the temperature conditions are suitable and the interval of time between the end of cooking and the consumption of food is sufficiently long.

This organism is not uncommonly found in meat, so the sooner meat is eaten after cooking, the less likelihood there is for cases of food poisoning from this source of infection to occur. In fact, if all meat were eaten on the day it was cooked, these outbreaks would cease. Soups, stews, gravies, pies etc., provide even better conditions for multiplication of the germs than solid meat.

A high standard of hygiene for food traders is best obtained by observing the following simple rules:-

(1) Protection of food from all sources of contamination (dust, and droplet infection as well as from flies, cockroaches, rats and mice).

(2) Personal cleanliness of "food non-handlers".

(3) Proper storage and display of food at safe temperature.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food poisoning organisms will multiply and produce food poisoning.

In a recent report, the Chief Medical Officer to the Ministry of Health stated:-

"The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; the risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible".

In this connection, the Health Department would be glad to receive complaints from the general public of unhygienic methods practised in any food shops.

The Food Hygiene Regulations, 1955, affect the owner or manager of any "food business" as well as anyone concerned in the actual selling or putting on sale, preparation, transport, packaging, wrapping, service or delivery of food.

As these Regulations only came into force during the year under review, it is still of course too early to say whether they have brought about any reduction in food poisoning.

## HEALTH EDUCATION.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets.

There is still a need to keep the importance of food hygiene before the public eye; for there has been no reduction in reported food poisoning in 1954. In fact, in his last Annual Report to the Ministry of Health, the Chief Medical Officer stated - "The number of incidents of food poisoning was 14% more than in 1953, sporadic cases increased by 12%, family outbreaks 49% and general outbreaks by 3%.

The principal source of infection is still the made up meat dish, which is dangerous because of the time which elapses between its preparation and consumption."

Between 1950 and 1954, meat and meat dishes were presumed to have been responsible for as high as 64 - 79% of recorded outbreaks of food poisoning.

According to the report of the Public Health Laboratory Service (in 1956), "Milk-borne diseases, which have been the bane of mankind in the past, are being replaced by food borne diseases and there were 8,961 food poisoning outbreaks in England and Wales during 1955 and incidence due to salmonellae have increased greatly.

The latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, but it will make little difference to the general picture so long as the distribution of food stuffs, contaminated with salmonellae, is allowed to continue.

Egg products are possibly one of the main sources of salmonellae in foods".

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonella infections; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons,as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"Prevention of salmonella food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied. From the continued high incidence of food poisoning, however, it is evident that certain caterers still find difficulty in applying them".

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared four illustrated coloured posters, which cover the four essentials of good food handling:-

(1) "Wash your hands well".
(2) "Finger food as little as possible".
(3) "Cover all cuts and sores properly".
(4) "Cover food against flies".

Health Education (continued).

The seeds of good hygiene are sown at home, but if they are to germinate and develop successfully, cultivation must be encouraged at school.

Children have gradually become more used to modern methods of sanitation and it is unfortunate that these are not always available in school buildings.

## PERSONAL PRECAUTIONS AGAINST POLIOMYELITIS.

The World Health Organisation has issued six points for the personal protection of the public against poliomyelitis.

The six rules for the individual to observe are as follows:-

1. Wash hands frequently, especially before eating.
2. Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.
3. Avoid intimate association, such as shaking hands with families in which poliomyelits has occurred within three weeks.
4. Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable.
5. Avoid over exertion.
6. Avoid unnecessary travel to and from communities where the disease is prevalent.

## VACCINATION.

Outbreaks of smallpox in this country only arise now-a-days from the importation of the disease from abroad. The speed of air travel makes the task of prevention particularly difficult, so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

In the most recent Ministry of Health Report, the general position regarding infant vaccination is summarised as follows:-

"On the coming into operation of the National Health Service Act in 1948, compulsory powers for infant vaccination ceased and were replaced by voluntary arrangements under the terms of Section 26 of the Act. This led to an immediate fall in acceptances which were estimated in 1948 to be less than 20 per cent. In subsequent years, the rate slowly improved and the figure for 1954 was 34.5 per cent. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern".

In England and Wales in 1955, the percentage of infants under the age of one year, who were vaccinated, was only 36.4 and the figure for 1956 was 38.4. This is still far below what may be regarded as satisfactory; the aim should be to see that every healthy infant is vaccinated - not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the general immunity against this disease is not sufficient to prevent an epidemic.

Vaccination (continued).

It is therefore all the more important that primary vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the first vaccination is put off until adolescence or later, there may be a slight risk; but that is, of course, all the more reason for vaccinating the child in infancy - especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox infected area.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the third month.

"The acceptance" rates for infant vaccinations vary considerably in different parts of the country. In this district, the percentage of children under the age of one year, who were vaccinated, was 42.5%.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox.

The Chief Medical Officer to the Ministry of Health has said "the routine re-vaccination of children of school age is a useful measure as a follow-up of a primary vaccination done in infancy, but the total number of such re-vaccinations done in 1954 was slightly fewer than in 1952 and only a little greater than 1950; these being years in which, as in 1954, the figures for this age group were not markedly influenced by outbreaks of smallpox". In 1952, he had said that the total number of school children re-vaccinated over the whole country suggests that not more than one in twenty-five of the children entering or leaving school, who had been primarily vaccinated in infancy, were re-vaccinated. So it is hardly surprising that the Ministry is now strongly urging that re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventative measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

Vaccination (continued).

During the year two hundred and forty two vaccinations against smallpox were carried out:-

| Vaccination. | Pre-school children. | School children. | Over 15 years of age. |
|---|---|---|---|
| Primary | 146 | 18 | 13 |
| Revaccination | - | 17 | 48 |
| TOTALS | 146 | 35 | 61 |

## INTERNATIONAL TRAVEL.

International travellers, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Royal South Hants Hospital, Pathological Laboratory, Exmoor Road, Southampton.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

## DIPHTHERIA IMMUNISATION.

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education.

"Outbreaks of diphtheria in 1955 emphasize that, if the proportion of unimmunised persons is high, a diphtheria infection can gain momentum.

In the under 1 age group, there were 3 cases with one death; in the 1-4 age group, there were 8 deaths in 60 cases (13.3%); in the 5 - 9 age group, there were 4 deaths in 100 cases (4% and in the 10 - 14 age group, there were 3 deaths in 64 cases (5%). The need for early immunisation and for the booster dose is stressed by these figures.

Diphtheria Immunisation (continued).

A more complete protection in the under 5 age group would soon cause a reduced incidence in the early school (5 - 9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained, can diphtheria be driven altogether from this country.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

If parents leave their children unprotected, there may well be other outbreaks.

Complacency, resulting from what has already been achieved or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case".

The Ministry of Health recommends that all children should be immunised before their first birthday - preferably at the age of seven or eight months and that they should receive a "booster" or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first "topping-up" before reaching school age.

During the year, a slide was shown at the Savoy Cinema, Petersfield, and leaflets and consent cards were distributed by kind arrangement with the management.

The object of publicity campaigns is to secure the immunisation of not less than 75% of the babies before their first birthday.

In England and Wales the percentage of babies under the age of one year immunised during the year 1955 improved again to 36.7; this figure compared with 36.1 per cent in 1954; 30.4 per cent in 1953 and 27.8 per cent in 1951. Although the percentage of children immunised before their first birthday shows some improvement on previous years, it is still barely half the number considered to be advisable to ensure adequate and continuing community protection. In this district 42.9 per cent of the children, born during the year 1955, were immunised before they attained the age of one year.

Diphtheria Immunisation (continued).

Although children up to five years of age are in the most susceptible age group, all under fifteen should be immunised.

During the year, three hundred and fifty six immunisations against diphtheria were carried out.

| Immunisation. | Pre-School children. | School children. |
|---|---|---|
| Primary | 8 | 3 |
| Reinforcing or "Booster" | 11 | 89 |
| Combined Primary | 160 | 8 |
| Combined "Booster" | 7 | 40 |
| Triple Primary | 24 | 2 |
| Triple "Booster" | - | 4 |
| TOTALS | 210 | 146 |

Children may be immunised by their own doctors, or at the following Child Welfare Clinics:-

(a) Within the District -
Clanfield, Horndean, Liphook, Liss and Rowlands Castle.

(b) In the adjoining Districts -
Alton, Grayshott, Headley, Petersfield, Waterlooville and Stockheath.

## WHOOPING COUGH IMMUNISATION.

At the beginning of 1955, the Hampshire County Council's scheme for Whooping Cough Immunisation began operating through the whole of Hampshire.

The scheme includes combined immunisation against whooping cough and diphtheria as well as immunisation against whooping cough alone; but it does not provide for the immunisation against whooping cough alone after the age of 5 years.

Combined whooping cough and diphtheria immunisation is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisation against the two infections.

Triple whooping cough, diphtheria and tetanus immunisation is now included in the Hampshire County Council's Scheme; and it is quite possible that this will become even more popular than the combined form against whooping cough and diphtheria - especially in the agricultural areas.

While diphtheria immunisation has been commenced generally at the 7th or 8th month, whooping cough immunisation is started much earlier - usually at the 3rd or 4th month of infancy, and experts say there is no reason why diphtheria immunisation also should not begin at the earlier ages.

## SCABIES.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

## PEDICULOSIS.

Cases of pediculosis (head lice) may be referred for treatment at the Cleansing Clinic, County Council Health Centre, Love Lane, Petersfield, by appointment.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

## TUBERCULOSIS.

The total number of cases on the register on the 31st December, 1956 was two hundred and fourteen. Of the fifteen additions to the Register during the year, seven were transferred to this area from other districts.

The following table gives the number of cases of Tuberculosis registered in the Rural District at the beginning and end of 1956:-

| | Respiratory | | | Non-Respiratory | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Number on Register at the beginning of the year (1956) | 92 | 65 | 157 | 24 | 30 | 54 |
| New additions to the Register during the year. | 6 | 5 | 11 | 1 | 3 | 4 |
| Removals from the Register during the year. | 8 | 4 | 12 | - | - | - |
| Number on Register at the end of the year (1956) | 90 | 66 | 156 | 25 | 33 | 58 |

Tuberculosis (continued)

Analysis of new cases and deaths according to age groups:-

| | New Cases. (including transfers). | | | | Deaths | | | |
|---|---|---|---|---|---|---|---|---|
| | Respiratory | | Non-Respiratory | | Respiratory | | Non-Respiratory | |
| | M | F | M | F | M | F | M | F |
| 0 - 1 | - | - | - | - | - | - | - | - |
| 1 - 5 | - | - | 1 | - | - | - | - | - |
| 5 - 15 | - | - | - | 1 | - | - | - | - |
| 15 - 25 | - | 1 | - | - | - | - | - | - |
| 25 - 35 | 1 | 1 | - | 1 | - | - | - | - |
| 35 - 45 | 2 | - | - | - | - | - | - | - |
| 45 - 55 | 2 | 2 | - | - | 2 | - | - | - |
| 55 - 75 | 1 | 1 | - | 1 | 1 | 1 | - | - |
| TOTALS | 6 | 5 | 1 | 3 | 3 | 1 | - | - |

Analysis of removals from the Register:-

| Removals | Respiratory | | | Non-Respiratory | | |
|---|---|---|---|---|---|---|
| | M | F | Total | M | F | Total |
| Recoveries | - | - | - | - | - | - |
| Deaths | 3 | 1 | 4 | - | - | - |
| Transfers | 5 | 3 | 8 | - | - | - |
| TOTALS | 8 | 4 | 12 | - | - | - |

No action was taken in 1955 under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from Pulmonary Tuberculosis employed in the milk trade) or Section 172 of the Public Health Act, 1936 (relating to compulsory removal to hospital of persons suffering from Tuberculosis).

## NATIONAL ASSISTANCE ACT, 1948.

It is satisfactory to report that no official action was taken under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

A certain number of other cases, brought to the notice of this department, were investigated; but these were referred to the Area Welfare Officer, who was able to make other arrangements.

The assistance given by the Welfare Officer, Public Health Inspector, Health Visitors and Voluntary organisations, is greatly appreciated in these difficult and distressing cases.

## HEALTH VISITING.

There has been a lot of publicity lately about the work of the Health Visitor - and rightly so - for some people do not even realise the fact that she is a qualified nurse. On that account, it was proposed at a Medical Conference that her designation should be changed to that of "Health Nurse".

In the circumstances, it is felt that a brief description of her duties and training, together with an outline of the views expressed by the Working Party's recent report on "Health Visiting" are specially indicated.

First of all, who and what is a Health Visitor?

She is a State Registered nurse with an additional qualification in midwifery and with the Health Visitor's certificate of the Royal Society of Health. Her qualifications are prescribed by the Regulations of the Ministry of Health. Her total training occupies a period of at least four and a half years (and it may extend over five and a half years). She is a health-teacher with an expert knowledge of the care of children and of expectant and nursing mothers, and is an essential field-worker in preventive medicine. Her work includes the care of the aged and advising on the health of the community as a whole and on the measures necessary to prevent the spread of infection. Many health visitors in addition carry out the duties of the school nurse or of the tuberculosis visitor. She is a most important link between the Public Health Department and the general practitioners; and it is hoped that in future she may work in even closer contact with the family doctor so that he can readily call upon her services should a family require them.

This, and many other recommendations were made by a working party appointed in 1953 by the Ministers of Health and Education in England and Wales and the Secretary of State for Scotland - under the Chairmanship of Sir Wilson Jameson - to advise them generally on health visiting. The report was unanimous and there was general agreement that the main function of the health visitor should be educational and advisory. Nearly all witnesses supported the view that the health visitor should not undertake nursing and midwifery duties.

The value of visiting mothers and children in their homes - as distinct from clinic contacts - for the purpose of education or advice was stressed.

Specialization of health visitors was deprecated by the working party, as it meant an increase in multiple visiting of homes. Whilst there was a need in the health and welfare services for social workers with specialized functions, these were "single-purpose" visitors, called in to help with a special problem; on the other hand, the only general purpose social worker should be the health visitor, who already had easy access to the home and acted as adviser to the whole family. She will be in a position to recognise situations in which the expert help of specialized social case workers is needed and should co-operate fully with them.

The importance of the health visitor's part in educating the tuberculous patients and their families about the nature of the disease and the prevention of infections, as well as in persuading contacts to attend for examination, was emphasised. They all agreed that the Health Visitor had an important function to perform in the home supervision of tuberculous patients and that she should always be employed as the school nurse in her area.

Health Visiting (continued).

Regarding the question of combined duties - by which Health Visitors act as home nurses or midwives, or both - the Working Party, after considering a mass of conflicting evidence, noted that those in favour of combined duties were heavily outnumbered and concluded that there was insufficient grounds for recommending that combined work should be regarded as a general principle or that the practice should be more widely extended.

All witnesses welcomed a closer association between Health Visitors and General Practitioners. The Health Visitor would be able to get in touch with all available social agencies that could help the doctor's patient. In co-operation with nurse and widwife, she was likely to be most useful to the general practitioner, in his dealings with mothers and children - especially in infant feeding problems, with the tuberculous and with the old and handicapped, because her training and experience will specially fit her for this.

## ACCIDENTS IN THE HOME.

A great many accidents that occur in the home can be prevented and it is a well known fact that burns and scalds form the chief group.

In a survey, carried out by Dr. Leonard Colebrook, on the prevention of burning accidents, four out of every five deaths from burns resulted from the clothing catching alight and there had been an increase of clothing burns from 36% during the 1945 - 50 interval to 50% in the 1951 - 55 period.

The changes in the clothing materials used by women and children from woollen, flannel and natural silk garments to the less closely woven cotton fabrics and artificial silks (rayons) have considerably increased the risk of serious burning accidents. For woollens and natural silks do not ignite easily and, even if they do catch fire, the flame does not spread rapidly. On the other hand, if the garment (e.g. nightdress) is made of light weight cottons and rayons, contact with a flame or element of an electric fire for so short a time as 2 - 4 seconds is sufficient to ignite the material.

More than half the domestic burning accidents in which clothing catches fire are due to contact with unguarded coal, gas, electric or oil fires.

The greatest risk of burning injuries is to children under 14, and to people over 65. The accident rate between these ages is comparatively low.

Women and girls suffer about twice as many burning injuries as men and boys. Full-skirted, loose garments present a much greater fire risk than narrow or close-fitting ones.

Colebrook and his colleagues have repeatedly called attention to the matter, stressing the danger of not only unguarded heating appliances but also of highly flammable clothing materials. As a result, in 1956, specifications for a standard guard for coal-fires were issued by the British Standards Institution; and this will certainly help to reduce the risk of clothing accidents in homes. But the menace of highly flammable clothing still remains.

So to deal with this matter, a special committee was set up in 1956 by the British Standards Institution; and it has now published its report[32] which incorporates the preliminary work of Lawson (in the laboratories of the Fire Research Organisation and the Department of Scientific and Industrial Research) on the different methods of assessing the flammability risks associated with various clothing fabrics.

Accidents in the Home (continued).

By an ingenious device, Lawson and his research workers measured accurately the time taken for flame to travel vertically upwards over 100 inches of the material under test and so established the "flame-resistance rating" for a large number of fabrics. Broadly speaking there were three categories:-

(1) The very light weight materials, such as organdie.

(2) The medium weight cottons and viscose rayons, including flannelette and winceyette and mixtures of these with wool.

(3) The medium and heavy weight woollens, natural silks, nylons and "Terylene" (if untreated with flammable finishes) and some flame-proofed fabrics.

A subsequent investigation of 82 garments, which had been involved in clothing burns, showed that the majority were of materials in the middle group.

Few burns had been caused by the most highly flammable materials - not because these are not dangerous, but because they are seldom worn by comparison with those materials included in the middle group, many of which are in daily use (e.g. children's nightdresses and women's dresses).

The committee considered whether all clothing fabrics, offered for sale, should in future be graded according to their flammability rating, but finally decided that any scheme for the detailed grading of fabrics according to their flame-resistance ratings would be misleading and dangerous; as an indication of higher or lower flame-resistance might engender a false sense of security and lead to the neglect of essential safety precautions.

Instead, it concluded that a standard of durable flame-resistance of fabrics should be established; and goods, offered for sale to the public as flame-resistant, should be warranted as such and identified accordingly.

The only relatively safe fabrics would be those defined as "flame-resistant". Fabrics so marked will not of course be guaranteed as completely non-combustible, (all fabrics will burn if exposed long enough to sufficient heat), for garments made from them will burn so slowly that the wearer will have a good chance of putting out the flame before it has spread enough to cause a serious burn.

Chemical processes, which render garment fabrics flame-resistant or flame-proof, should be developed and promoted as widely and rapidly as possible. This action would bring many cottons and rayons within the safety zone.

The report stresses the necessity of guards for all heating appliances (coal, gas and electric and oil burning heaters) - especially with regard to electric and gas fires bought before the Fireguards Act came into force, and the need for care with flammable liquids, matches, defective electrical appliances and connections.

The committee also recommends that the attention of the public should be drawn to the special fire risk involved by children and also by the old and infirm - especially at times of festivity and excitement and when long, loose fitting clothing is worn, as this might easily catch fire or make the

continued over/.....

wearer trip and fall on an igniting source. They consider that the number of burning accidents would be substantially reduced by the general adoption of pyjamas instead of nightdresses for children.

* The flammability of apparel fabrics in relation to domestic burning accidents. British Standards Institution.

## CITIZENS' ADVICE BUREAU.

The local office of the Citizens' Advice Bureau, which is under the auspices of the National Council of Social Service, is in the Town Hall Annexe at the rear of the Town Hall (Telephone: Petersfield 749).

The office is open Monday to Friday from 9 a.m. to 12.30 p.m. and from 2 p.m. to 4.30 p.m. On Saturday it is open from 9 a.m. to 12.30 p.m.

# RURAL DISTRICT COUNCIL OF PETERSFIELD.

Public Health Department,
The Old College,
Petersfield.

To the Chairman and Members
of the Petersfield Rural District Council.

I beg to submit my Annual Report for the year 1956 on the sanitary circumstances of the area and the duties for which I am responsible.

The emphasis has again been on Housing and, although office statistics can only be a guide, it is satisfactory to see a reduction in the number of Category 5 houses from 178 in 1950 to 76. These figures do not allow for any dwellings formerly in Categories 3 and 4 which have so deteriorated as to fall into Category 5.

Once again all animals slaughtered for human consumption were inspected. The quantity of carcase meat condemned was abnormally low and this says much for the quality of animal purchased by the butcher principally concerned.

The education of food handlers is essentially a slow process, but was sustained through the year and was linked with measures to secure improvement of premises and fittings.

Although no special effort was directed towards improvement in water supplies, the general housing improvement policy was reflected in the figures on Page 33.

The approval of the East Meon sewerage scheme will mean that we can plan to widen our activities considerably in that village. It is one of the few villages which has retained its charm and careful planning of improvements is called for by all concerned, to ensure that it remains unspoiled. It is to be hoped that approval to the Buriton scheme will not be long delayed as the need is pressing and improvements are being retarded.

Success in some aspects of the department's work is largely dependent on the co-operation of other departments and the staff. I am grateful for the help I have had during the year.

A. SWAN.
Chief Public Health Inspector.

## SANITARY CIRCUMSTANCES OF THE AREA.

### Water.

There was no evidence of any main water shortage during the year. Results of routine bacteriological examinations were satisfactory. All main supplies are chlorinated.

The Water Undertakers of the Rural District are:-

(a) The Portsmouth and Gosport Water Company, 26 Commercial Road, Portsmouth, which supplies the parishes of Clanfield, Horndean and Rowlands Castle, and

(b) The Wey Valley Water Company, Farnham, Surrey. This Company now supplies the remaining parishes.

Wherever possible we have persuaded owners of houses with unsatisfactory water supplies either to (a) connect to a supply of water in pipes provided by the statutory undertakers or (b) take water into the houses by means of pipes.

In many cases the owners have been encouraged to incorporate the provision of piped water indoors with other improvements, to bring properties up to Housing Act standards.

In some cases, however, where main drainage is anticipated within a reasonable period, and the nature of the soil renders cesspool or similar drainage unsatisfactory, we have been prepared to accept standpipes in the yards or gardens. These are subject to review.

The properties in the district which have not a piped supply of water indoors are summarised as follows:-

138 dwellings have stored rainwater.
149 dwellings have wells from which water is drawn by a bucket or pump in the garden.
257 dwellings have main supply which is drawn from standpipes in the garden.
2 dwellings obtain their water from springs.

Copies of reports on samples taken from water mains were sent to the water companies concerned.

### Sewerage and Sewage Disposal.

The Minister has authorised the Council to proceed with the East Meon scheme and the work will commence in the Autumn.

Because of the economic situation, and the need to restrict capital expenditure, the Minister will not yet give his consent to enable the Council to proceed with the Buriton and Greatham schemes.

In the last annual report it was stated that it had been agreed that the schemes should be done on a priority basis, and the Buriton scheme was placed first on the list. Since then, owing to the representations which have been made to the Minister about the insanitary conditions prevailing at East Meon, the priority has been altered. The Buriton scheme is now second on the list.

The work of constructing two additional humus tanks and certain minor improvements in design and operation at the Bramshott sewage disposal works will be completed in the late autumn.

## Rivers and Streams.

The main rivers and streams are as follows:-

(1) The River Wey, which passes through Bramshott Parish, and collects the discharge of water from Waggoners Wells.

(2) The River Rother, which passes through the Parish of Hawkley, forms part of the boundary between Greatham and Hawkley and then passes through the Parish of Liss.

(3) The River Meon, which flows through the Parish of East Meon, and passes into Droxford Rural District at West Meon. (Reconstruction of the river's course at East Meon has been completed).

The district resolves itself into three separate drainage areas:-

(a) West Sussex River Board Area.

(b) Thames above Teddington Area.

(c) Hampshire River Board Area.

## Rainfall.

Captain A.F. Coryton has been good enough to let me have the following figures for 1956, taken in Greatham. The average fall for a year is 34".

| | | | |
|---|---|---|---|
| January | 5.23 inches. | July | 3.96 inches. |
| February | .05 inches. | August | 4.33 inches. |
| March | .57 inches. | September | 3.71 inches. |
| April | 1.30 inches. | October | 2.23 inches. |
| May | .19 inches. | November | .73 inches. |
| June | 2.32 inches. | December | 5.57 inches. |

Total for the year: 30.19 inches.

## Night Soil Collection.

Pail closet contents are emptied once weekly from Ramsdean and twice weekly in parts of the following parishes:-

| | | |
|---|---|---|
| Bramshott. | Buriton. | Clanfield. |
| East Meon. | Froxfield. | Langrish. |
| Liss. | | |

As the whole of East Meon village will be served by the new sewer it would be advisable to consider the conversion of existing pail closets to water closets with the aid of a 50% grant.

Bearing in mind the saving which will be effected by the reduction in night soil collection, such a policy might well be applied to the whole district.

The trend is towards main water supplies indoors with drainage systems discharging either into sewers, septic tanks or cesspools and I can only think that a scheme under Section 47 of the Public Health Act, 1936 would assist this trend which has already been so markedly influenced by improvement grants made under the Housing Acts.

Public Cleansing.

The County Council carries out the cleansing of the roads in the district.

A collection of house refuse is now carried out in localities defined on maps approved by the Council. The collection days are as follows:-

| | | |
|---|---|---|
| Bramshott. | Weekly | Monday, Tuesday and Friday |
| Buriton. | Fortnightly | Friday. |
| Clanfield. | Weekly | Wednesday. |
| Colemore and Priorsdean. | Fortnightly | Thursday. |
| East Meon. | Fortnightly | Thursday. |
| Froxfield. | Fortnightly | Thursday. |
| Greatham. | Fortnightly | Friday. |
| Hawkley. | Fortnightly | Friday. |
| Horndean. | Weekly | Tuesday. |
| Langrish. | Fortnightly | Thursday. |
| Liss. | Weekly | Wednesday and Thursday. |
| Rowlands Castle. | Weekly | Monday. |
| Steep. | Fortnightly | Friday. |

Shops.

It is the duty of the County Council to enforce the general provisions of the Shops Act, 1950, but District Councils have responsibility, as part of their duties under the Public Health Acts, to enforce the provisions of section thirty eight of the Act relating to ventilation, temperature and sanitary conveniences.

With the co-operation of the Engineer and Surveyor, we are consulted about all new proposals to ensure compliance with public health requirements.

No formal action was taken during the year.

Moveable Dwellings.

There are five licensed sites in the district and eighty-five licences were issued in respect of individual moveable dwellings. Ten of these were new applications. Six applications were refused.

The number of moveable dwellings and the number of fresh applications varies little from last year.

Hop Pickers' Accommodation.

Storms and high winds, especially during the early days made living conditions difficult particularly in the tented accommodation which is still required annually at Weston.

Some hop pickers are local residents, but the majority are from Portsmouth.

As picking costs increase, the growers are showing more interest in mechanical picking and there is little doubt that this method will supersede hand picking as soon as the economics are sound and when the machines are a little more selective between leaves and hops.

Hop Pickers' Accommodation (continued).

The introduction of mechanical methods would mean the cessation of the seasonal migration of hop pickers and the need for temporary accommodation would no longer apply.

Although there are byelaws in force requiring certain housing standards for hop pickers, they have to be realistic in relation to the limited period of occupation (18 - 21 days) in any one year and, for this reason, I feel that mechanical picking would be a welcome innovation.

Rural Schools.

Periodic visits were made to schools in the district in connection with sanitary accommodation, washing facilities and food preparation.

The County Council have reviewed their policy with regard to the provision of water borne sanitation at schools within a three year programme.

Insect Infestation.

In 1952, by arrangement with the Havant and Waterloo Urban District Council, we received advice from the Hayling Island Mosquito Research Station on measures to adopt for mosquito control. At that time we were receiving many complaints of infestation, particularly in wet seasons, but systematic control of the breeding grounds has reduced the problem.

No complaints were received during 1956.

There has been a marked increase in the number of complaints of insect pests in the home. These related to cockroaches, beetles, fleas, flies, wasps, ants and unidentified insects.

We assisted with disinfestation where possible and in this connection have an arrangement with the Housing Manager to fumigate houses suspected of being verminous before occupants are moved to Council accommodation.

## INSPECTIONS AND VISITS.

| | Totals. |
|---|---|
| Accumulations | 9 |
| Bakehouses | 20 |
| Building Byelaws | 5 |
| Cafés | 77 |
| Cesspools | 57 |
| Dairies | 100 |
| Disinfection of Premises | 3 |
| Drains inspected | 232 |
| Drains tested | 28 |
| Factories | 25 |
| Food Preparing Premises | 90 |
| Food Vans | 5 |
| Hop-pickers' Camps | 7 |
| Houses (Public Health and Housing Acts) | 112 |
| Houses (Improvement Grants) | 694 |
| Houses (Works in progress) | 386 |
| Housing applications | 19 |
| Ice Cream | 6 |
| Infectious Disease | 35 |
| Insect Infestation | 6 |
| Keeping of Animals | 7 |
| Knackers Yards | 18 |
| Licensed Premises | 58 |
| Meat Inspection | 215 |
| Meat Shops | 33 |
| Miscellaneous | 85 |
| Mosquito Control | 2 |
| Moveable Dwellings | 337 |
| National Assistance Act, 1946 | 31 |
| Nuisances | 117 |
| Overcrowding | 8 |
| Piggeries | 15 |
| Rodent Control | 205 |
| Schools | 37 |
| Shops | 27 |
| Slaughter-houses | 4 |
| Unsound Food | 7 |
| Verminous or dirty premises | 15 |
| Verminous premises disinfested | 6 |
| Verminous persons | 5 |
| Water supply | 196 |
| TOTAL | 3344 |

Samples submitted for laboratory examination:-

| | |
|---|---|
| Water .. .. .. .. .. .. | 88 |
| Milk .. .. .. .. .. .. | 111 |
| Milk bottles (for sterility). | 12 |
| Sewage effluent . .. .. .. | 1 |
| TOTAL | 212 |

## H O U S I N G.

### Provision of New Houses.

The following twenty-eight new Council housing units were erected during the year:-

Houses -

Admers Crescent, Gunns Farm, Liphook.
Numbers 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49 and 50.

Flats -

Admers Crescent, Gunns Farm, Liphook.
Numbers 51, 52, 53 and 54.

During the year one hundred and nine houses were built by private enterprise.

### Summary of work carried out under Public Health and Housing Acts.

1. Inspection of dwelling houses during the year -

| | |
|---|---|
| (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) .. .. | 112 |
| (b) Number of inspections made for the purpose .. .. .. | 386 |
| (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 . | 43 |
| (b) Number of inspections made for the purpose .. .. .. | 76 |
| (3) Number of dwelling-houses found to be unfit for human habitation and not capable at reasonable expense of being rendered so fit .. .. .. .. .. .. .. .. .. .. | 26 |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, fit for human habitation .. .. .. .. .. .. | 33 |

2. Remedy of Defects during the year without service of formal notices -

| | |
|---|---|
| Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers .. .. .. .. .. .. .. .. .. .. | 73 |

Summary of work carried out under Public Health and Housing Acts (continued).

3. Action under Statutory Powers during the year -

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 -

(1) Number of dwelling-houses in respect of which notices were served requiring repairs .. .. .. .. NIL

(2) Number of dwelling-houses which were rendered fit after service of formal notices -

(a) By owners .. .. .. .. .. .. .. .. .. .. 1

(b) By Local Authority in default of owners . .. .. NIL

(b) Proceedings under Public Health Acts -

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied. 1

(2) Number of dwelling-houses in which defects were remedied after service of formal notices -

(a) By owners .. .. .. .. .. .. .. .. .. .. 1

(b) By Local Authority in default of owners . .. .. NIL

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 -

(1) Number of dwelling-houses in respect of which Demolition Orders were made . .. .. .. .. .. .. 14

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .. .. .. .. .. .. .. 11

(3) Number of dwelling-houses closed in pursuance of an undertaking given by the owner under Section 11 . .. 15

(d) Proceedings under Sections 10(1) and 11(2) of the Local Government (Miscellaneous Provisions) Act, 1953 -

(1) Number of dwelling houses closed .. .. .. .. .. 1

4. Overcrowding -

No statutory action was taken during the year regarding overcrowding.

Housing Conditions.

The programme approved by this Council and the Ministry in 1954 showed 132 houses to be dealt with during the subsequent five years.

During 1956, 17 houses at Liss and 10 houses at Horndean were due to be considered. It was however necessary to deviate somewhat from the plan as our activities had to dovetail with new housing development. The programme is not being lost sight of and the Liss houses will be dealt with as soon as the building programme allows.

No opportunity was lost in dealing with demolition type properties in the area if they became vacant and provided us with an opportunity for demolition proceedings without the necessity of expensive rehousing.

Most of the occupied houses dealt with were referred by the Housing Manager or Housing Committee in connection with applications for rehousing.

Twenty seven houses were in fact dealt with in accordance with the following table:-

| Parish. | Houses dealt with. | Houses empty. | Families rehoused or needing rehousing by this Council. |
|---|---|---|---|
| Bramshott. | 3 | 2 | Nil |
| Clanfield. | 4 | 2 | 1 |
| Froxfield. | 3 | 2 | 1 |
| Greatham. | 2 | - | 2 |
| Horndean. | 10 | 3 | 2 |
| Langrish. | 1 | - | 1 |
| Liss. | 3 | 2 | 1 |
| Steep. | 1 | 1 | - |
| TOTALS | 27 | 12 | 8 |

Comparatively few properties listed for demolition are in fact demolished. Nearly all houses which can be adapted or improved, with or without the aid of grant, are rehabilitated and, in the main, only very sub-standard dwellings are demolished.

The first improvement grant under the provisions of the Act was made by the Council on the 12th February, 1953 and during 1955 a programme was formulated involving a set annual expenditure over a twenty year period. In February, 1956 the Council decided to restrict capital expenditure and they therefore ceased making improvement grants. After a period of three months the making of grants was resumed and during the year a total of 33 applications were dealt with involving 56 houses. The total amount of grant paid during the year was £15,917.

Since the Act came into force, grants have been made involving 172 properties. 54 of these were owner/occupied; 11 were tenanted and 107 were agricultural. The total amount of grant paid was £45,871 and the actual cost of the work, excluding repairs, was £111,099.

The making of grants has had a marked effect on the housing conditions in the district because a policy of complete overhaul and regular maintenance is pursued in connection with all grant aided properties.

Subsequent inspections in connection with grant conditions are being carried out and owners are prompted on the subject of house maintenance.

We have heard quite a lot during recent years about under occupation of Council houses and the ways of dealing with this problem so as to achieve near maximum occupation and appropriate results for all.

Housing Conditions (continued).

Routine inspections under the Housing and Public Health Acts now increasingly show under occupation of many privately let properties. Often, five and six roomed houses are occupied by one or two old folk whose pension is eked out with some assistance from the National Assistance Board.

In such cases, rent increases under the Rent Act will require National Assistance payments on an increased scale to enable such under occupation to continue.

The problem is, of course, increasing from year to year as the life span increases and the number of old folk retaining accommodation increases proportionally.

I wonder to what extent it is reasonable or desirable to subsidize such under occupation, particularly in cases where the previous controlled rent has been the only attraction of the property concerned.

This state of affairs may lead the Council to consider what action it would be best to take to secure fuller occupation of houses. This is not of course solely a local problem and may have to be considered at a National level.

## INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

Supervision and control of distributors and retail dairies was maintained throughout the year; there are twenty two distributors of milk on this Council's register. A satisfactory standard was maintained.

Of the one hundred and eleven samples taken, twelve failed to pass the required test.

There is one dairy in the district where pasteurisation is carried out and it is supervised under powers delegated by the County Council.

Licences issued under the Milk (Special Designation)(Pasteurised and Sterilised Milk) Regulations, 1949 -

| | |
|---|---|
| Dealer's Licences to use the designation "Pasteurised" .. .. .. | 13 |
| Dealer's Licences to use the designation "Sterilised" .. .. .. | 1 |
| Supplementary Licences to use the designation "Pasteurised" . .. | 9 |
| Supplementary Licences to use the designation "Sterilised" . .. | 4 |

Licences issued under the Milk (Special Designation)(Raw Milk) Regulations, 1949 -

| | |
|---|---|
| Dealer's Licences to use the designation "Tuberculin Tested" .. | 8 |
| Supplementary Licences to use the designation "Tuberculin Tested" | 8 |

Meat and Other Foods.

The original policy of moderate concentration of slaughtering has been thrown over.

In May, 1956, the Government published its policy for regulating the provision of slaughterhouses. (Cmnd 9761).

Meat and Other Foods (continued).

This report dealt not only with the adequacy of facilities, but also referred to humane conditions and standards of hygiene. (This policy has since been pursued in 1957 by the recommended minimum standards in the White Paper of August, 1957 (Cmnd. 243)).

The Council will be required to submit a slaughterhouse report showing what slaughtering facilities (private and public) reaching prescribed standards are available. At the same time the power of local authorities to determine that no further licences shall be granted on the grounds that there is an adequacy of existing private slaughterhouses will be repealed.

Enabling legislation is proposed.

Section 16 of the Food and Drugs Act, 1955, provides for the registration of all premises used for:-

(a) the sale, or manufacture for the purpose of sale of ice cream, or the storage of ice cream intended for sale; or

(b) the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

There are seventy entries in this Council's register in respect of ice cream premises and fourteen in respect of preserved food premises.

Meat Inspection.

The following carcases were examined during the year:-

| | |
|---|---|
| Cattle (excluding cows) | 272 |
| Cows | 8 |
| Sheep | 1199 |
| Pigs | 806 |
| Calves | 123 |
| TOTAL | 2408 |

It is apparent from the following table of meat condemned as a result of these examinations that the quality of meat handled was very high due, no doubt, to the fact that the majority of animals were slaughtered by the purchasers for their own use.

2 part quarters of beef.
6 ox heads and tongues.
4 ox lungs.
2 ox hearts.
48 ox livers.
5 ox livers (parts).
1 ox skirt.
2 calf carcases and organs.
1 pig carcase and organs.
11 pigs' heads.
2 pigs' hearts
3 pigs' lungs.
6 pigs' livers.
2 pigs' tongues.
23 sheeps' livers.
14 sheeps' lungs.

Total weight of meat condemned: 14 cwts 3 qtrs.

Meat and Other Foods (continued).

Details of other condemned food:-

| | lbs. |
|---|---|
| Pears | 14 |
| Herrings | 14 |
| Cod Fillets | 10 |
| Total | 38. |

Adulterations.

The Hampshire County Council is the Food and Drugs Authority and is responsible for the administration of the Sections of the Food and Drugs Act, 1955 which place restrictions on the addition to, or abstraction of substances from, food and drugs.

I am indebted to Mr. C.O. Perry, Chief Inspector under the Food and Drugs Act, for the following information on samples taken in the district during the year:-

| Article. | Number of samples taken. Genuine. | Unsatisfactory. |
|---|---|---|
| Butter and Other Fats | 4 | - |
| Drugs | 2 | - |
| Milk, Channel Islands | 26 | - |
| Milk | 65 | 4 |
| Sausage, Meat and Fish Products | 5 | - |
| Spirits | 5 | - |
| Other Foods | 8 | - |
| Totals | 115 | 4 |

The twenty-six Channel Islands milk samples proved to contain an average of 4.67% Fat and 9.09% Non-Fatty Solids and the 65 milk samples an average of 3.65% Fat and 8.72% Non-Fatty Solids.

Two samples of milk taken from a producer on delivery to a dairy were certified to be unsatisfactory - two Appeal to Cow samples taken in connection with these also proved to be unsatisfactory.

## RODENT CONTROL.

The Council's rodent operators continued to give good service and again, chiefly as a result of their tactful approach, it was not found necessary to serve any statutory notices during the year under the Prevention of Damage by Pests Act, 1949.

In general, control measures during the year were satisfactory.

We continued to treat at farms upon request and, as far as I know, results were satisfactory in all cases.

The winter of 1955/56 was comparatively mild and many of the rats stayed in the fields. Complaints of infestation of buildings were fewer which enabled us to increase our survey activities. These revealed extensive infestation in the fields, hedgerows and ditches.

Rodent Control (continued).

Wild plant growth was much more profuse than in recent years, due partly to the absence of rabbits and partly to the heavy rainfall. This slowed down considerably prebaiting and poisoning operations.

At the end of the year rats moved early into the buildings and there was a much heavier and earlier infestation of ricks.

The increase in use of combine harvesters has lead to a proportional decrease in the number of corn ricks awaiting threshing and the tendency has been for the infestation points to switch to grain stores where treatment is comparatively difficult, particularly where sacks are stacked without walkways.

The operators came across no "black spots" during the year, but it is noticeable over a fairly long period that the trouble is recurring in more or less the same areas.

The following table gives details of inspections and treatments for the period 1st April, 1956 to the 31st March, 1957:-

| | Type of Property. | | | | |
|---|---|---|---|---|---|
| | Local Authority (1) | Dwelling Houses (2) | All other (including business premises) (3) | Total of Cols (1) (2) and (3). (4) | Agricultura. (5) |
| 1. Number of properties in Local Authority's District | 16 | 6113 | 486 | 6615 | 278 |
| 2. Number of properties inspected as a result of:- | | | | | |
| (a) Notification | - | 104 | 14 | 118 | 23 |
| (b) Survey under the Act | 10 | 1313 | 53 | 1376 | 152 |
| (c) Otherwise (when visited primarily for some other purpose) | 2 | 194 | 7 | 203 | 2 |
| 3. Total inspections carried out, including re-inspections | 24 | 2010 | 119 | 2153 | 322 |
| 4. Number of properties inspected which were found to be infested by:- | | | | | |
| (a) Rats (Major | 6 | 129 | 3 | 138 | 25 |
| (Minor | 4 | 491 | 9 | 504 | 36 |
| (b) Mice (Major | - | 2 | 4 | 6 | 5 |
| (Minor | 1 | 20 | 1 | 22 | 1 |
| 5. Number of infested properties (in 4 above) treated by the L.A. | 11 | 642 | 17 | 670 | 64 |
| 6. Number of "Block" control schemes carried out | 30 | | | | |